

FILED MAY 21 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1872

1. PLACE OF DEATH: **Jackson**

(a) County: **Kansas City**

(b) City or town: **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1412 1/2 East 18th St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 1902 (Specify whether years, months or days)

In this community since 1902 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City 78
(If outside city or town limits, write "RURAL")

(d) Street No.: 1412 1/2 East 18th St. 3
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)

If yes, name country: U

3. (a) PRINT FULL NAME: **Andrew Taylor**

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1942 hour 2 minute 45 A.M.

4. Sex: Male

5. Color or race: Col

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Lidie Taylor

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Unknown 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 27/42 to May 14, 1942, that I last saw him in alive on May 14, 1942, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>			
				hr. min.

Immediate cause of death: Chronic Myocarditis

Due to: 935

Due to: _____

9. Birthplace: Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Plumber Helper

Other conditions (Include pregnancy within 3 months of death): _____

Major findings: _____

Of operations: _____

Of autopsy: _____

11. Industry or business: _____

12. Name: Unknown

13. Birthplace: Unk. of
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unk. of
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant: Jane Bought

(b) Address: 2531 Vine

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5-13-42
(Month) (Day) (Year)

(c) Place: burial or cremation: Lyndon Cem.

18. (a) Signature of funeral director: Watkins Bros

(b) Address: 1779 Myrtle

19. (a) 5-12-42 (Date received local registrar) (b) Mr. M. Brown (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury: 0

23. Signature: W. E. Lewis (M. D. or other)

Address: 4435 H. ... Date signed: 5-11-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.